

## BENEFITS SUMMARY 2022

# AWARE MN network – Aware National Network – BlueCard PPO

## BLUEPRINT (METRO) Allina Health Network – In MN Blue Card PPO – outside of MN

In Network Out of Network In Network Out of Network

Insurance for new employees becomes effective the 1st of the month following 30 calendar days of employment. The exception would be where an

employee begins work on the 1st through the 7th day of a month, in which case coverage would begin on the 1st day of the following month. **Employee Share of Monthly** Single: \$101.28 Single: \$0.00 Family: \$395.50 Family: \$562.08 Premium \$300 individual; \$600 \$5,000 individual; \$10,000 **Annual Deductible** \$300 individual; \$600 family family family Medical and Prescription Medical and Prescription Medical and Prescription Medical and Prescription Combined Combined Combined Combined **Annual Out-of-Pocket Expenses** \$6,000 individual: \$1,240 individual; \$2,680 individual: \$1,240 individual; \$12,000 family \$4,860 family \$2,480 family \$2,480 family Lifetime Maximum Unlimited Coinsurance Deductible then 80% Deductible then 60% Deductible then 80% Deductible then 50% If nonparticipating provider If nonparticipating provider services Payment for participating services responsible for the Payment for participating are covered, you are responsible for network providers as difference between the network providers as described. the difference between the billed Benefit Payment Levels described. Most payments billed charges and allowed Most payments are based on charges and allowed amount. Most are based on allowed amount. Most payments allowed amount. payments are based on allowed amount. are based on allowed amount. amount. Dependent child age limit To age 26 through the calendar month of the birthday. **Preventive Care** Well-child care to age 6 100% 100% 100% 100% Prenatal care 100% 100% Preventive medical evaluations 6 & up 60% after deductible 50% after deductible Cancer screening 60% after deductible 50% after deductible Preventive Hearing & vision exams 60% after deductible 50% after deductible Immunizations & vaccinations 60% after deductible 50% after deductible Physician Services In-hospital medical visits Surgery & anesthesia Professional lab services 60% after deductible 80% after deductible Office visits due to illness or injury 80% after deductible 50% after deductible Urgent care (clinic-based) Retail health clinic Professional diagnostic imaging Allergy injections & serum

_	T				
Other Professional Services Chiropractic manipulation					
Chiropractic therapy	80% after deductible		000/ often deductible	500/ often deductible	
Home health care	80% after deductible	60% after deductible	80% after deductible	50% after deductible	
Physical therapy, occupational					
therapy, speech therapy					
Inpatient hospital services	80% after deductible	60% after deductible	80% after deductible	50% after deductible	
Outpatient Hospital Services					
Facility diagnostic imaging					
Preadmission tests & exams					
Facility lab services					
Chemotherapy & radiation therapy					
Physical-occupational & speech	80% after deductible	60% after deductible	80% after deductible	50% after deductible	
therapy					
Kidney dialysis					
Scheduled outpatient surgery					
Non-emergency illness-related visits					
Urgent care (hospital-based)					
Emergency Care					
Emergency Room	900/ ofter	doductible	70% off	or doductible	
Physician Charges	80% after	deductible	70% after deductible		
Ambulance (medically necessary					
transport to the nearest facility)					
Medical Supplies	80% after deductible	60% after deductible	80% after deductible	50% after deductible	
Behavioral Health (mental health &					
chemical dependency care)					
Inpatient care	80% after deductible	60% after deductible	80% after deductible	50% after deductible	
Outpatient care					
Professional care					
Bariatric Surgery		No C	overage		
Reproduction Treatments		No C	No Coverage		
	200/	1 1 (91	100% of the transplant fee at	No coverage for non-participating	
Transplants	80% after	deductible	Allina facilities or Blue Distinction Center	transplant providers	
Chronic Condition Management			Ochici		
Includes evidence-based lab/x-ray & other					
services required to manage condition	N/A		4000/	50% after deductible	
Diabetes			100%		
High Blood Pressure					
High Cholesterol					

Resiliency Training Special program designed to help those suffering from depression, anxiety and other stress related conditions – must complete program for coverage	N/A	100%	No Coverage
Nutritional Counseling and Medication Therapy Management	N/A	80% after deductible	No Coverage
Ambulance Prearranged non-emergency transport	80% after deductible	80% after deductible	No coverage

## **Prescription Drug Plan**

AWARE MN network – Aware National Network – BlueCard PPO		BLUEPRINT (METRO) Allina Health Network – In MN Blue Card PPO – outside of MN			
	In Network Out of Network		Allina Pharmacy	Network Pharmacy	Non-Network Pharmacy
Prescription Drugs – Select Network Retail (31-day limit) FlexRx Preferred Drug List Open Plan Design Preferred Generic Preferred Brand Non-Preferred	100% after <b>\$12 copay</b> 100% after <b>\$24 copay</b> 100% after <b>\$36 copay</b>		100% after <b>\$12 copay</b> 100% after <b>\$24 copay</b>	100% after <b>\$15 copay</b> 100% after <b>\$28 copay</b>	No Coverage No Coverage
90dayRx (90-day limit) FlexRx Preferred drug list Open Plan Design Preferred generic Preferred brand Non-preferred	100% after <b>\$36 copay</b> 100% after <b>\$72 copay</b> 100% after <b>\$108 copay</b>	No Coverage	100% after <b>\$36 copay</b> 100% after <b>\$72 copay</b>	Not Available Not Available	No Coverage No Coverage
Chronic Condition Management Diabetes (drugs & supplies) High blood pressure Cholesterol lowering	N/A	N/A	100% 100% 100%	Follows overall prescription benefit described below.	No Coverage No Coverage No Coverage
90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of <b>bluecrossmn.com</b> for more details.			network supplier are elig Network Pharmacy bene through a nonparticipatin The patient will pay the of when a generic drug is a	s purchased through a sperible for coverage and will fif (no coverage for special specialty pharmacy supplifference if a brand-name vailable.  therapy program. Visit the	all under the lty drugs purchased plier). drug is selected

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit **bluecrossmn.com**.

\*Lowest out-of-pocket costs: in-network providers

\*\*Higher out-of-pocket costs: out-of-network participating providers

**Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your Certificate of Coverage for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by worker's compensation or no-fault insurance.

For more information, visit **bluecrossmn.com** or call Blue Cross customer service at the number on the back of your member ID card.

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit **myblueprintmn.com**.

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## BLUEPRINT (METRO) – HEALTH SAVINGS ACCOUNT (HSA) Allina Health Network – In MN Blue Card PPO – outside of MN

Insurance for new employees becomes effective the 1st of the month following 30 calendar days of employment. The exception would be where an employee begins work on the 1st through the seventh 7th day of a month, in which case coverage would begin on the 1st day of the following month. Employees electing the HSA plan will get a debit card to use the funds from the account (similar to a check card). Employees can use the debit card to pay medical, dental, and vision bills with any funds that are already in the account.

	Single	Family
Monthly Employee Premium	\$ 0.00	\$ 140.28
Mandatory Monthly Employee HSA Contribution	\$ 0.00	\$ 255.22
Monthly Employer HSA Contribution	\$ 114.26	\$ 0.00
Total Monthly Payroll Deduction	\$ 0.00	\$ 395.50
Yearly HSA Contribution	\$1,371.12	\$3,062.64

Year	Single Limit	Family Limit	Additional for 55+		
	(includes employ	er and employee	e contributions)		
	HSA TOTAL CONTRIBUTION LIMITS PER YEAR				
Family	Contract: \$765.66				
Single (	Contract: <b>\$342.78</b>	3			
Quarte	riy HSA Funded /	<b>Amounts</b> (Janua	iry, Aprii, July, October)		

Year	Single Limit	Family Limit	Additional for 55+
2022	\$3,650	\$7,300	\$1,000

Annual Deductible	\$3250 individual; \$6500 family
Annual Out-of-Pocket Expense	\$3250 individual; \$6500 family
Coinsurance	100% after deductible
Office Visits	100% after deductible
Preventive Care (Well Child, Prenatal, Cancer Screenings, Routine Physicals, Annual Eye Exam)	100%
Lab, X-Ray, Inpatient and Outpatient, ER, Ambulance Services, Medical Supplies, Therapy Services	100% after deductible
Prescription Drugs	100% after deductible

### **Fitness Incentive Program**

The Fitness Incentive Program counts all your physical activity towards your reward. Track 7,500 steps per day for at least 21 days of the month. Activities such as yoga, swimming, cycling, etc. can be converted into steps. Meet the required level of activity and earn a \$20 e-gift card.

#### **How it Works:**

- Visit bluecrossmn.com/sharecare
- Create an account.
- Take RealAge assessment.
- Enroll for Fitness Incentive. In the navigation menu, choose the "Achieve" icon. Select "Challenges" and click on the "Join all" button.
- Start Tracking. Download the Sharecare app on your smartphone and set permissions to allow health tracking or log your steps into the website each day (you cannot track for days that have passed).
- You will receive your reward each month via email upon completion of your step requirements.

For more information or if any questions, visit bluecrossmn.com or call customer service at 1-800-858-0724.

## **Dental Plan - Lincoln Financial Group**

Rates	High Plan	Low Plan
Employee Only	\$18.06 / month	\$10.00 / month
Employee + 1 dependent	\$36.46 / month	\$20.58 / month
Employee + 2 or more dependents	\$65.30 / month	\$41.76 / month

	High Plan		Low Plan	
Dental Schedule of Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$1,000/person	\$1,000/person	\$1,000/person	\$1,000/person
Deductible (Limit of 3)	\$50	\$50	\$50	\$50
Waived for Preventive	Yes	Yes	Yes	Yes
Coinsurance Amounts				
Class I Preventive	100%	100%	100%	100%
Class II Basic	80%	80%	80%	80%
Class III Major	50%	50%	0%	0%
Orthodontics	50%	50%	0%	0%
Ortho Maximum	\$1,000	\$1,000	\$0	\$0
Annual Enrollment	Yes			Yes
Benefit Amount	Negotiated Fee	Allowable Charge / UCR	Negotiated Fee	Allowable Charge/UCR

### The BESTflex Plan

	Health Care Spending Accounts	Dependent Care Spending Accounts	
Eligibility	The first of the month after 30 days of employment. Only employers weekly can participate.	month after 30 days of employment. Only employees who are regularly scheduled to work at least 30 an participate.	
Purpose	To set aside pre-tax money to pay for qualifying medical and dental expenses. Reduces taxable income and the cost of these services to you.	To set aside pre-tax dollars to pay for qualifying child care or dependent care costs. Reduces taxable income and the cost of these services to you.	
Minimum Calendar Year Contribution	Nor	ne	
Maximum Calendar Year Contribution	\$2,850/year	\$5,000/year or \$2,500/year if married filing separately	
Covered Expenses	See the Eligible Expenses Document	Daycare expenses incurred for the care of your child(ren) or other eligible dependents. You (and your spouse, if you are married) must work or be a full-time student to use this account.	
Forfeitures	Unused contributions remaining in your account at the end of each plan year are forfeited. Funds in one account may not be used to pay for expenses from the other. Unused contributions may not be carried over to the next year.		
Changes	Contribution amounts may not be changed or stopped until January 1 following the next open enrollment period unless you have a "qualified change in family status".  Such changes must be made within 30 days of the event.		

## **Health Care Savings Plan**

The HCSP is an employer sponsored **tax-free** savings account. No Social Security, Medicare, or income taxes.

- Tax-free contributions
- Tax-free potential growth
- Tax-free reimbursements

The provisions of Plan participation are **mandatory** for employees covered under this section. The provisions of this section do not apply to probationary **non-union** employees, to seasonal or temporary employees, or to regular, part-time employees who are exempt from enrollment in PERA or are students. Used to reimburse **post employment** health care expenses for employee, spouse, legal tax dependents, and children up to 26<sup>th</sup> birthday.

<u>Casl</u>	h payout	HCSP Payout
(Taxed: Fed	eral, State, FICA)	
Severance Pay	ment: \$10,000	Severance Payment: \$10,000
Federal Income	e Tax: \$ 2,500	Federal Income Tax: \$ 0
State Income T	ax: \$ 705	State Income Tax: \$ 0
FICA Tax:	\$ 765	FICA Tax: \$ 0
	ment: \$ 6,030	Net HCSP Payment: \$10,000
For illustration purp	oses only. This hypothetica	al example assumes a 25% federal withholding
rate + 7.05% state wi	thholding rate + 7.65% FIC/	A (Social Security and Medicare) tax rate.
Individual tax rates w	ill vary based on total taxab!	e income and filing status for the year.

When can you requ	est reimbursements?	Upon Termination of employmentat any age. Once retired. If collecting a disabilit	y benefit from a		
\\/\ \_a_t :=:	1-0	Minnesota public employer.			
What is reimbursab	ile ?	Eligible medical/dental expenses			
Reimbursement:					
City		from 1st and 2nd payroll beginning on 7th month of service through 5 years of service	Effective 06/06/2004		
Non-Union		from 1st and 2nd payroll for employees with 6 years through 10 years of service	Revised 01/01/2022		
Full-Time		from 1 <sup>st</sup> and 2 <sup>nd</sup> payroll for employees with 11 or more years of service			
	100% of severance pa				
	100% of unused vacat	ion			
City	2% of gross earnings	from first and second payroll	Effective 06/06/2004		
Non-Union	100% of unused perso	onal leave			
Regular Part-Time					
PUC	1% of gross earnings	from 1 <sup>st</sup> and 2 <sup>nd</sup> payroll beginning on 7 <sup>th</sup> month of service through 7 years of service	Effective 06/06/2004		
Non-Union		from 1st and 2nd payroll for employees with 8 years through 15 years of service	Revised 02/28/2011		
Full-Time	3% of gross earnings to	from 1st and 2nd payroll for employees with 16 through 22 years of service	Revised 06/08/2014		
Non-Exempt	4% of gross earnings	from 1 <sup>st</sup> and 2 <sup>nd</sup> payroll for employees with 23 or more years of service			
	100% of severance pa				
	100% of unused vacat	ion			
PUC	3% of gross earnings	from each payroll beginning on 7 <sup>th</sup> month of service through 14 years of service	Effective 06/06/2004		
Non-Union	4% of gross earnings from each payroll for employees with 15 or more years of service Revised 01/01/2				
Full-Time	100% of severance Revised 06/03/2				
Exempt	100% of unused vacat	ion after 10 years of service			
•	Unused floating holida	ys after 10 years of service			
PUC	100% of unused perso	onal leave	Effective 06/06/2004		
Non-Union					
Regular Part-Time					
IBEW Union	1% of gross earnings	from each payroll from date of hire through 5 years of service	Effective 2004		
	2% of gross earnings f	from each payroll for employees with 6-15 years of service	Revised 02/20/2011		
	3% of gross earnings f	from each payroll for employees with 16 or more years of service	Revised 01/01/2014		
	100% of severance		Revised 01/01/2017		
	100% of unused vacat	ion			
	Unused floating holida	ys and compensation time			
LELS Union	\$60 from each payroll	if less than 10 years of service	Effective 2002		
	\$100 from each payro	Il if 10 or more years of service	Revised 01/01/2015		
	100% of severance if	employed at least 10 years prior to termination			
AFSCME Union	1% of gross earnings f		Effective 2004		
		less than 5 years in AFSCME covered position	Revised 01/01/2014		
		ive or more years in AFSCME covered position	Revised 01/01/2020		
	100% of severance				
	100% of unused vacat	ion			

### **Life Insurance**

	Premium 100% employer paid		
	Benefit reduction to 65% at age 65 and re	eduction to 45% at age 70.	
	Class Title	Basic Life and AD&D	Minimum Hour Requirement
Group Term	City Full Time Employees	\$50,000	40
Life Insurance	Volunteer Firefighters	\$50,000	N/A
Dallana	City Full Time Non Union	\$50,000	40
Reliance Standard	Public Utilities Full Time Non Union	\$50,000	40
Candard	Public Utilities Full Time Union	\$50,000	40
	Part Time Category 3	\$35,000	30
	Part Time Category 2	\$25,000	20

Group Term Life Insurance

Premium included with health insurance premium. Coverage reduces to 65% beginning at age 65 and 50% at age 70.

Minnesota Life Securian Financial Ochs, Inc.

Yourself	Spouse	Children
\$10,000	\$5,000	\$2,000 Live birth to age 26
Basic Term Life and AD&D		

Full-time and part-time category 3 employees that have elected health insurance have this coverage.

## Rate - \$16 Monthly Contribution

Rates do not increase with age

Voluntary Life (PERA)

	MEME	DE	EPENDENT		
Member's Age at Time of Claim	Group Term Life	Group AD&D	Total Benefit for Accidental Death	Partner	e Spouse/Domestic Child(ren) ge 14 days but less than 26 years)
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25 – 29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30 – 39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40 – 44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45 – 49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50 – 54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55 – 59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60 – 64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

## **Short Term Disability Insurance**

Short Term Disability	Provides a cash Elect any level o salary. Sickness Elimina begin collecting Accident Elimina You can begin collecting the first second	f coverage ation Perio on day 8. ation Perio ollecting b	e in increm d – You m d – You m enefits on	ents of \$5 ust be out ust be out day 1.	0 per mon of work fo	th ( <b>\$100 i</b> or 7 days o r 0 days o	<b>minimum</b> , due to an i due to an a	\$1,000 m	naximum) ore you ca injury befo	up to a m	aximum of	60% of venefits. Y	veekly ou can
	Age	0–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65-69	70–74	75-99
	Cost per month x benefit amount	.04400	.04400	.04300	.04200	.04400	.05100	.06100	.07900	.09700	.11100	.13300	.13300

## **Long Term Disability Insurance**

	Provides a cash be Normal Retireme		•		rk for <b>90 d</b>	ays or mo	re due to	injury, illne	ess, or sur	gery up to	age 65 o	r Social S	ecurity
Long Term	Elect any level of salary.	coverage	in increm	ents of \$1	00 per mo	nth ( <b>\$400</b>	minimum	, \$5,000 n	naximum)	up to a m	aximum o	of <b>60%</b> of	monthly
Disability	If you decline this	coverage	e now and	wish to er	nroll later, a	a health ex	camination	may be r	equired.				
	Age	0–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65-69	70–74	75-99

Age	0–24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70–74	75-99
Cost per month x benefit amount	.00180	.00180	.00310	.00520	.00790	.01080	.01410	.01760	.01520	.01190	.01040	.00920
•												

## **Vision Plan**

Vision Plan includes single, biofocal, trifocal, lenticular, or standard progressive lenses that will be covered in full after a \$20 copay with no annual maximum. This also includes frames that will be covered in full after a \$20 copay and a maximum of a \$130 allowance per year. There is a \$0 copay for contact lenses with a \$130 allowance per year. You are not able to get both glasses and contacts in the same year; it is one or the other.

VSP

Employee Only	\$5.84/month
Employee + Spouse	\$9.34/month
Employee + Children	\$9.53/month
Employee + Family	\$15.37/month

## **Employee Personal Computer Purchase Plan**

The "Employee Computer Purchase Plan" is designed to assist City employees with the purchase and financing of a personal computer so that they can learn and gain experience by working with a personal computer away from the office, outside of normal working hours. The City will finance the employee's purchase of the equipment and software up to \$2,500. Loans to participants will be for a term not to exceed 36 months. No interest will be charged. Payments on the loans will be made through payroll deduction.

## **Educational Incentive**

The City will share in the tuition cost for a regular, full-time, non-probationary employee for the successful completion of job-related courses in a post-secondary or vocational school curriculum. Reimbursement will be made at the rate of 50% of the tuition and books, or as stipulated in a current labor agreement. Prior written approval of the course work being pursued must be obtained by completing the "Request for Tuition Reimbursement" form available in the Human Resources Office or from department supervisors. Reimbursement will only apply to courses which have had prior written approval. In addition, the employee must receive a grade of "C" or better for undergraduate course work and "B" or better for graduate level course work. In instances where the program of study does not provide grades, a satisfactory completion certificate must be presented in order to be reimbursed. Special fees, student fees, activity fees and the cost of supplies will not be reimbursed by the City, nor will the City reimburse for transportation and other expenses. Employees are required to take courses outside of their regular work schedules whenever possible. If work schedules need to be arranged around class schedules, prior approval must be obtained from the department supervisor and City Manager. Employees are not paid for time away from work while attending courses as allowed by this policy.

## **Employee Assistance Program (NuVantage)**

NuVantage Employee Resource is a division of Lutheran Social Service of MN, a trusted non-profit organization serving the needs of Minnesotans since 1865. NuVantage benefit specialists deliver compassionate service to help connect members with the most appropriate resource available to them. They believe EAP mental health services should be through respectful, face-to-face counseling, and not just over the telephone. Although telephone access is important during a crisis situation, members should be able to share personal and private concerns with a licensed mental health professional in his or her community.

NuVantage carefully chooses appropriate mental health counselors and service providers to be part of the NuVantage provider team. NuVantage providers are knowledgeable about a broad range of life issues, as well as how personal challenges might impact someone's ability to perform well at work

Legal, financial, and counseling services are available by phone or in person and all initial services are free to members. All NuVantage services can be accessed via one toll free number. Members can also peruse thousands of self-help and self-service areas on the NuVantage Wellness portal.

LSS believes that all people should have the opportunity to live and work in community with dignity, safety, and hope. NuVantage shares this vision. To that end, they believe all members should have access to convenient, professional resources whenever life becomes challenging.

NuVantage focuses on high touch customer service and client satisfaction. They believe that getting help for any of life's challenges should be easy and that members should feel supported throughout their whole experience.

Issues They Can Help With	Family/Relationship Services – Providing support for challenges around the family such as family counseling, adoption referral, and more.  Caregiver Support – Providing support for caregivers of aging family members, persons with physical and developmental disabilities through respite care, and resource for seniors.  Emotional Well-Being – Services to support you through anxiety, depression, addiction, stress, anger management, grief, family life, and more.  Financial Counseling – Providing financial support through budget planning, debt management, foreclosure prevention, bankruptcy counseling and more.  Legal Consultations – Providing legal services including will preparation, divorce, contract review, legal advice, and more.  Wellness Resources – Resources for balancing work, family, nutrition, exercise, and other self-care.
Confidentiality	The service is confidential
Toll Free Number	For further information about the program, call NuVantage at 1-800-577-4727.
Web Site	www.NuVantage.org Online wellness portal password: wellness

## **AFLAC**

gaps that major medeveryday living expe	Aflac's benefits are designed to pay cash benefits directly to you, unless you assign otherwise, that are designed to help families fill the financial gaps that major medical may not. Employees use the benefits that Aflac provides for expenses such as their mortgage or rent, utilities, groceries, everyday living expenses as well as out-of-pocket medical expenses; these plans pay you regardless of any other insurance. These benefits are available to the employees of the City of New Ulm through payroll deduction.						
If you have any que	stions, please contact Aflac at www.aflac.com or 1-800-992-3522						
Accident Nobody plans on an accident, but when it happens, medical bills can pile up quickly. Aflac's Accident policy can provide							
Accident	benefits for many costs associated with an accident such as Hospitalizations, X-rays and many other expenses.						
Disability	For many employees, a temporary loss of income can have long-term financial consequences. Aflac's Short-Term Disability						
Disability	policy provides benefits that allow employees to manage their bills, even during a temporary loss of income due to a disability.						
	Aflac's Cancer policy can help with the unexpected daily treatment and costs associated with treatment of Cancer. Aflac's						
Cancer	Cancer Cancer policy provides benefits for chemotherapy, radiation, hospitalization as well as out-of-pocket expenses such as travel						
and lodging.							
Hospitalization	Most major medical coverage is not designed to cover all hospitalization costs, and when a stay is necessary, the immediate						
1 103pitalization	costs of care can be more than people are prepared for.						
Dental	Dental Aflac's Dental insurance offers a wide range of Dental Services with no network restrictions.						

## Minnesota Benefit Association.org (MBA)

MBA strives to be the provider of choice for the Minnesota Public Sector. Minnesota Benefit Association is a non-profit organization dedicated to providing benefits and services to Minnesota Public Employees and their families.

Minnesota Benefit Association has developed a comprehensive range of financial, legal, healthcare, and insurance products specifically chosen for public sector employees in Minnesota. All programs have been endorsed by the MBA Board of Directors, who are all current or retired public employees who uniquely understand the needs of families like themselves. An association formed in 1929, they are a socially responsible organization with core values of honesty, equal opportunity, and transparency.

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				nesota automatically	is a member of the M	innesota Benefit
	Association. There are	e no dues or member	ership fees.			
Eligibility	All public sector empl	oyees in Minnesota	are eligible for MBA	benefits after their	first 30 calendar days	of full or part time
	employment. Eligibilit	y also extends to all	publicly elected offi	cials, public sector e	employee adult childre	n and all retirees from
	public sector entities.					
	Financial and Legal	Retiree Benefits	Youth Programs	Insurance	Lifestyle Programs	<b>Community Support</b>
	<ul> <li>Purchase Power</li> </ul>	<ul> <li>Medicare</li> </ul>	<ul> <li>Scholarship</li> </ul>	Services	<ul> <li>Technology</li> </ul>	Make a donation to
	Pre-paid Legal	<ul> <li>Long Term</li> </ul>	Program	<ul> <li>Home &amp; Auto</li> </ul>	Support	help support the
	Identity Theft	Care Solutions	Child Life	• Life	Online Data	Minnesota Benefit
Benefit Program	Protection	Lifetime	Insurance	Health	Backup	<ul> <li>Association</li> </ul>
and Services	Home Mortgage	Income	<ul> <li>Overseas</li> </ul>	Dental	<ul> <li>Entertainment</li> </ul>	scholarship program.
	Savings	Solutions	Travel	<ul> <li>Disability</li> </ul>	Discounts	
	Auto Financing		Insurance	Income	<ul> <li>Roadside</li> </ul>	
				Supplemental	Assistance	
				Health		
	Phone:		Mail: Fax:		Email:	
Contact Info	Direct: 651-735-9874		Minnesota Benefit Ass	sociation 651-739-326	0 info@MinnesotaBenefit	Association.org
Contact IIIIO	Toll Free: 800-360-6117		6701 Upper Afton Roa	nd		
	(Office hours are weekday	s from 8 am to 5pm.)	Woodbury, MN 55125	5		

## Retirement Benefits - Public Employees Retirement Association (PERA)

	Coordinated Plan Members:	Police Fund Members:
Contribution Rates	Member Rate: 6.50%	Member Rate: 11.80%
	Employer Rate: 7.50%	Employer Rate: 17.70%
Vesting	After 60 months of service	

Beginning January 1, 2015, a City employee **must** be enrolled when annual income from one or more positions is projected to exceed \$5,100 in a 12-month period. There are employees that are excluded from membership. Please see Human Resources for more information.

Your pension is paid as equal monthly payments for your lifetime with annual adjustments. Your benefit is a product of your age, average salary, and your years of credited service. These factors vary from member to member. The amount of your pension also depends upon whether you elect to provide income protection to a survivor (generally your spouse) in the event of your death.

Contributions to the Coordinated Plan are coordinated with Social Security.

#### **Deferred Compensation**

Minnesota Deferred Compensation Plan	For LELS union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
MSRS offers Roth option	For IBEW union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
	For AFSCME union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
	For Non-Union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
ICMA 457 Deferred Compensation Plan	For LELS union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
ICMA offers Roth and Roth IRA option	For IBEW union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
IRA's not eligible for employer match	For AFSCME union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
	For Non-Union members, the employer will match 25% of the first \$2,500 (maximum \$625) per year.			
The deferred compensation plans offer the opportunity to save pre-tax and/or Roth after-tax dollars for retirement. Fully and immediately vested in both				
I F I LANDO HOMA				

plans. Employer match maximum amount is the total for both plans if an employee elects MSRS and ICMA.

## 2022 Holiday Schedule

The following holidays will be observed on the dates listed below. Please consult your contract agreements for varying language.

Holiday	Date Observed	
New Year's Day	Friday, December 31, 2021	
Martin Luther King, Jr. Day	Monday, January 17 <sup>th</sup>	
Presidents' Day*	Monday, February 21st	
Good Friday	Friday, April 15 <sup>th</sup>	LELS Only
Memorial Day	Monday, May 30 <sup>th</sup>	
Independence Day	Monday, July 4 <sup>th</sup>	
Labor Day	Monday, September 5 <sup>th</sup>	
Veterans Day	Friday, November 11 <sup>th</sup>	
Thanksgiving	Thursday, November 24 <sup>th</sup>	
Day After Thanksgiving	Friday, November 25 <sup>th</sup>	AFSCME, IBEW and Non-Union
Christmas Eve**	Not observed in 2022	4 hours AFSCME, IBEW and Non-Union; 8 hours LELS
Christmas	Monday, December 26th	

<sup>\*</sup>State Law prohibits City Offices to be open on Presidents' Day so starting 2020, AFSCME, IBEW and Non-Union employees will observe Presidents' Day instead of Good Friday (approved by City Council 12/17/2019 and Public Utilities Commission 12/30/2019). Previously only LELS observed Presidents' Day.

Floating Holidays: one for LELS members; two for AFSCME, IBEW and Non-Union employees

<sup>\*\*</sup>Unless provided for separately in a labor agreement, full-time employees will receive four (4) hours of holiday time during the last four (4) hours of their workday on December 24th when December 24th falls on a Tuesday, Wednesday or Thursday (effective 01/01/2010). Full-time employees will receive eight (8) hours of holiday time on December 24th when December 24th falls on a Monday (approved by City Council 12/18/2018 and Public Utilities Commission 12/21/2018).

#### **Vacation Accrual Schedule**

Years Employed	Hours Accrued Per Pay Period	Annual Accrual	Maximum Accrual
0-2	3.08	80.08	88.09
2-3	3.27	85.02	93.52
3-4	3.46	89.96	98.96
4-5	3.96	102.96	113.26
5-6	4.19	108.94	119.83
6-7	4.40	114.40	125.84
7-8	4.62	120.12	132.13
8-9	4.83	125.58	138.14
9-10	5.04	131.04	144.14
10-11	5.21	135.46	149.01
11-12	5.39	140.14	154.15
12-13	5.56	144.56	159.02
13-14	5.73	148.98	163.88
14-15	5.90	153.40	168.74
15-16	6.08	158.08	173.89
16-17	6.25	162.50	178.75
17-18	6.42	166.92	183.61
18-19	6.60	171.60	188.76
19-20	6.77	176.02	193.62
20-21	6.92	179.92	197.91
21-22	7.12	185.12	203.63
22-23	7.31	190.06	209.07
23-24	7.50	195.00	214.50
24-25	7.69	199.94	219.93

In addition, employees receive two floating holidays. Newly hired employees who work six months or more during their initial calendar year of employment, qualify for two floating holidays. If the employee works less than six months, they receive one floating holiday. Newly hired employees will be eligible to use one floating holiday during their probationary period of employment. *Note: LELS members receive one floating holiday.* 

For new, regular full-time employees, vacation benefits are accrued during the probationary period, but the employee is not permitted to use such benefits until the probationary period has been successfully completed.

## **Vacation Purchase Plan**

Allows employees in regular, full-time non-union status the opportunity to voluntarily purchase up to an additional forty (40) hours of vacation to supplement their normal accrual of vacation leave.

Open enrollment for participation in the Vacation Purchase Plan will occur each December 1st through 21st for vacation leave to be taken the following year. During open enrollment a regular, full-time non-union employee may elect to purchase vacation leave in increments of eight (8) hours but may not purchase in excess of forty (40) hours. Vacation hours purchased under this plan are in addition to an employee's normal accrual of vacation leave and may not be carried over from one calendar year into the next calendar year. Payment for vacation hours purchased under this plan will be made by payroll deduction on the 1st and 2nd payroll of each month (24 installments) during the calendar year in which the vacation hours are to be used, at the employee's hourly rate of pay.

#### **Sick Leave**

Regular, full-time employees shall be entitled to regular sick leave, which shall accumulate at the rate of eight (8) hours per month to a maximum of 960 hours. Upon maximum accumulation of regular sick leave, the employee may continue to accumulate up to 720 Supplemental Sick Leave hours. Supplemental sick leave hours shall not be counted in the calculation of severance benefits.

New employees will accrue sick leave but may not use sick leave until completion of the six (6) month probationary period, unless a sick leave usage waiver is granted by the City Manager.

### **Severance Benefit**

The City shall provide severance pay benefits to employees leaving City employment in good standing. The severance pay benefit shall be a percentage of the current value of the employee's accumulated sick leave at the time of resignation. Supplemental sick leave hours are not paid to the employee. The percentage awarded shall be based on years of service while employed by the City, in accordance with the following formula:

Years of Service	Percentage of Accumulated Sick Leave Value Provided
0 - 6	15%
7 - 15	20%
16 - 24	25%
25 +	30%